

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

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PROOF OF CLAIM

Name of Debtor <u>Debit Corporation of America</u>		Case Number <u>04-14360</u>		THIS SPACE IS FOR COURT USE ONLY <div style="text-align: right;"> 04 JUN 23 PM 1:32 CLERK U.S. BANKRUPTCY CT SD OF FLA. HIA - OFFICE </div>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))					
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Aggie Weiss</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
Name and Address where notices should be sent: <u>Frank B. Perry</u> <u>346 Old County Road</u> <u>Ringsdorf, GA 30736</u>					
Telephone Number: <u>706-965-8639</u>					
Account or other number by which creditor identifies debtor: (If SS# only list last 4 digits of SS#):		Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____			
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Consumer Fraud</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>xxx-xx-</u> Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: <u>April 9, 2003</u>		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ <u>19,473 +</u> + _____ + _____ = <u>0.00</u> (Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total) Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.			
6. Unsecured Nonpriority Claim \$ <u>19,473 +</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.					
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions) 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.				This Space is for Court Use Only <div style="font-size: 2em; text-align: center;"> H AB </div>	
Date: <u>6-22-04</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Frank B. Perry, Attorney</u> <u>Frank B. Perry</u>			
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021
Phone: (954) 981-4447 • Fax: (954) 981-4421
Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 3474
County Montgomery County

Purchaser's Name Aggie Weiss Date April 9, 2003
Purchaser's Address 1681 Latch String Lane
City Hatfield State PA Zip 19440
Home Phone 215 855 3582 Business Phone 610 834 4714

No. of Sales
Systems to ship: 5

Face Value of Prepaid MasterCard
Activation Certificates to ship: \$ 6,000

Purchase Price Sales Systems	\$ <u>\$19,490</u>
Purchase Price of Additional Items	\$ <u>N/C</u>
Total	\$ <u>19,490</u>
Sales Tax (FL Residents Only)	\$ <u>N/C</u>
Amount Paid	\$ <u>19,490</u>

Special Provisions Distributor has right to upgrade to platinum plan
for \$29,680 within 90 days

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

ACCEPTED AND APPROVED

By: [Signature]
COMPANY OFFICER

By: Aggie Weiss
BUYER

IN # BO2403

I have read and agree to the Terms and
Conditions on the back of this Purchase Order.

ROBERT B WEISS

AGATHA P WEISS

1681 LATCH STRING LN

HATFIELD PA 19440-2154

0014129 3584 3584 02 04-14-03

123

Date April 10, 2003 66-21/530

Pay to the
order of

Debit Corp. of America

\$4000⁰⁰

010425078 04-14-03 020 0377 01

Four Thousand and 00/100

Dollars ☒ Pay Features
Pay on back**FIRST
UNION**

First Union National Bank

6030

For

Aggie Weiss

⑆053000219⑆733489892049⑆000123 ⑆0000400000⑆

SUNTRUST BANK
ORLANDO, FL
405-648 04112003
M631021524

02010000⑆0530⑆0020⑆6

010425078⑆0530⑆0020⑆6

010425078 04-14-03 03

010425078 04-14-03 020 0377 01

03100011 066000109

COLLECTING BANK 04-14-03

04112003 04-14-03

PAY TO THE ORDER
SUNTRUST BANK
FOR DEPOSIT ONLY
DEBIT CORPORATION OF AMERICA INC
1000009249227

	View Selection	Posting Date	Amount	Serial No.	Sequence No.	Source	Type	Status	Description
1	1	04/14/2003	\$4,000.00	123	00000000003312322204	Check	Debit	Post	OTHER TRANS



Funds Transfer Request

For Use by CMG Field Personnel Only (not for branch use)

Wachovia Bank, National Association
f/k/a

Wachovia Bank of Delaware, National Association
f/k/a

First Union National Bank

First Union National Bank of Delaware

Callback
Required
(Yes or No)

Initiator's Signature

325365

Customer Accepting Call Back/Phone Number

Verifier's Signature

Preparer's Signature

Account Status

Sufficient (Audio Checked)
Not Sufficient (NSF)

SUFFICIENT

Authorized Signature

NSF Only

NSF Source of Funds

Credit Approver Name (Please Print)

Date

Time of Call

Funds Transfer

Current Date

05/13/03

Control Number

400509

FIRST UNION NATIONAL BANK

Domestic or International

Non-Replicative or Repetitive

Line Number

Amt Verify Cd

Verify I.D.

Type (Fed, Book, Other)

DOMESTIC

NON-REPETITIVE

0

FED

Caller

Branch or Department

Request Type (Fax, Phone, Walk-in)

5103862

WALK-IN

AGATHA WEISS
Description 2 (GL)

Executive Date

Domestic Transfer Amount

15,473.00

Type Currency

05/13/03

Foreign Amount

\$

Exchange Rate

Contract Number / Provided By

U.S. Dollar Amount

\$

Int'l Transfer Amount

\$

Originator

Name

Org

Account Number

Address

ROBERT B WEISS

75

1000454870160

City

1681 LATCHSTRING LANE

State

Zip

Country

HATFIELD PA

19440

Receiving Bank

Name

R/T Number

Address

SUN TRUST BANK OF SOUTH FLORIDA NA

061000104

City

1900 E. HALLANDALE BEACH BLVD

State

Zip

Country

Advice HALLANDALE

FL 33009

NONE

(No Phone Advice Required, Credit and Phone Advice, Notify and Pay, Pay Upon Proper I.D.)

Beneficiary Payment Information

Name

Org

Account Number

Address

DEBIT CORP OF AMERICA

1000009249227

City

3475 SHERIDAN STREET STE 215F

State

Zip

Country

Other Payment Information HOLLYWOOD FL 33021

Fee Method
(Waive/Charge)

CHARGE

Customer Contract

All of the above information is complete, correct and provided to First Union for the purpose of instructing First Union to transmit a funds transfer. First Union's acceptance and execution of the funds transfer is subject to the terms and conditions on the reverse side of this form. My Signature below indicates that I have received a completed copy of this Funds Transfer Request.

Customer Signature

Date